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PTO/SB/21 (09-04)

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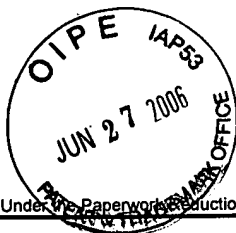
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/957,472	
	Filing Date	September 21, 2001	
	First Named Inventor	Tetsuya HANAMOTO	
	Art Unit	2815	
	Examiner Name	J. Jackson	
Total Number of Pages in This Submission	15	Attorney Docket Number	204552021500

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Deborah S. Gladstein		
Date	June 27, 2006	Reg. No.	43,636



PTO/SB/17 (01-06)

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FEE TRANSMITTAL For FY 2006		Complete if Known					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/957,472				
		Filing Date	September 21, 2001				
		First Named Inventor	Tetsuya HANAMOTO				
		Examiner Name	J. Jackson				
		Art Unit	2815				
TOTAL AMOUNT OF PAYMENT		(\$)	1,520.00				
		Attorney Docket No.	204552021500				
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
							<u>Small Entity</u>
							Fee (\$) Fee (\$)
Each claim over 20 (including Reissues)							50 25
Each independent claim over 3 (including Reissues)							200 100
Multiple dependent claims							360 180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims	
_____		_____	_____	_____		Fee (\$) Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
_____		_____	_____	_____			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____	_____	_____ / 50 _____ (round up to a whole number) x _____		_____	_____		
4. OTHER FEE(S)							
							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							1,020.00
Other (e.g., late filing surcharge): 1253 Extension for response within third month							500.00
1401 Notice of appeal							_____
SUBMITTED BY							
Signature	<u>Deborah S. Gladstein</u>			Registration No. (Attorney/Agent)	43,636	Telephone	(703) 760-7753
Name (Print/Type)	Deborah S. Gladstein			Date	June 27, 2006		